Revision: HCFA-PM- 91-10 (MB)
DECEMBER 1991

State/Territory: DELAWARE

Citation 42 CFR 431.60 42 CFR 456.2 50 FR 15312 1902(a)(30)(C) and 1902(d) of the Act, P.L. 99-509 (Section 9431)

4.14 Utilization/Quality Control

- (a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:
 - X Directly for Outpatient Services, NF
 - and mental hospitals.

 X By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO--
 - (1) Meets the requirements of \$434.6(a);
 - (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
 - (3) Identifies the services and providers subject to PRO review;
 - (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
 - (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.
 - Quality review requirements described in section 1902(a)(30)(C) of the Act relating to services furnished by HMOs under contract are undertaken through contract with the PRO designed under 42 CFR Part 462.
 - By undertaking quality review of services furnished under each contract with an HMO through a private accreditation body.

1902(a)(30)(C) and 1902(d) of the Act, P.L. 99-509 (section 9431)

TN No. SP-314 Supersedes TN No. SP-268 Approval Date 3/04/93 Effective Date JAN 0 1993

Revision: MAY 1985	HCFA-PM-85-3	(BERC)	
	State:	DELAWARE	
		OMB NO. 0938-0193	
<u>Citation</u> 42 CFR 456 50 FR 1531		(b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.	
	,	/X/ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.	
		// Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:	
		// All hospitals (other than mental hospitals).	
		/// Those specified in the waiver.	
		/X/ No waivers have been granted.	

TN No.SP-226
Supersedes Approval Date Effective Date
TN No.SP-195 2/8

AMD 5/2/94

HCFA ID: 0048P/0002P

JULY 1985	HCFA-PM-85-7 State/Territory:	(BERC) Delaware	OMB NO.: 0938-0193
Citation 42 CFR 456 50 FR 1531	· -	under 42 CFR Part 46 with the agency to 1 /// Utilization review i accordance with 42 0	ical review are ization and Quality Organization designated 2 that has a contract perform those reviews. Is performed in CFR Part 456, Subpart H, conditions of a waiver of Subpart D for: itals. in the waiver.
		hospitals are not provide	

TN No. SP-228
Supersedes
TN No. SP-226

Effective Date __

Revision: MAY 1985	HCFA-PM-85-3	(BERC)
MAI 1965	State:	DELAWARE
		OMB NO. 0938-0193
Citation 42 CFR 456 50 FR 15312	· 	(d) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart B, for the control of utilization of skilled nursing facility services.
		// Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
·	,	// Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart E for:
		// All skilled nursing facilities. // Those specified in the waiver.
		\sqrt{X} No waivers have been granted.

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Revision: MAY 1985	HCFA-PM-85-3	(BERC)	
	State:	DELA	WARE
			OMB NO. 0938-0193
Citation 42 CFR 456 50 FR 1531	. 2	of of fac	Medicaid agency meets the requirements 42 CFR Part 456, Subpart F, for control the utilization of intermediate care ility services. Utilization review in ilities is provided through:
			Facility-based review.
	,		Direct review by personnel of the medical assistance unit of the State agency.
			Personnel under contract to the medical assistance unit of the State agency.
			Utilization and Quality Control Peer Review Organizations.
			Another method as described in <u>ATTACHMENT</u> <u>4.14-A</u> .
		<u>/x/</u>	Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.
			applicable. Intermediate care facility vices are not provided under this plan.

TN No.SP-226 Supersedes TN No.SP-167

Approval Date

Effective Date _

DELAWARE

Revision:	HCFA-I	PM- 91-10	(MB)
DE	CEMBER	1991	

State/Territory:

Citation	4.14	Util	ization/Quality Control (Continued)
1902(a)(30) and 1902(d) of the Act, P.L. 99-509 (Section 9431) P.L. 99-203 (section 4113)		(£)	The Medicaid agency meets the requirements of section 1902(a)(30) of section 1902(a)(30) of the Act for control of the assurance of quality furnished by each health maintenance organization under contract with the Medicaid agency. Independent, external quality reviews are performed annually by:
			A Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
			A private accreditation body.
			An entity that meets the requirements of the Act, as determined by the Secretary.
,			The Medicaid agency certifies that the entity in the preceding subcategory under 4.14(f) is not an agency of the State.

TN No.SP-314 Supersedes TN No.SP-250 Approval Date 3/84/93 Effective Date JAN 01 1993